

NYU Hospitals Center
Bylaws of the Medical Staff

Article III. Medical and Dental Staff Membership

Section A. Qualifications for Membership

1. Every member of the Medical Staff privileged to admit, attend to or consult on patients in the Medical Center shall be licensed to practice medicine in the State of New York, and shall hold a current appointment as a faculty member or officer of instruction in the School of Medicine of New York University or in the Post-Graduate Medical School, or qualify under Article IV, Section A., Part 3.
2. Every member of the Dental Staff privileged to admit, attend to or consult on patients in the Medical Center, shall be licensed to practice dentistry in the State of New York, and shall hold a current appointment as a faculty member or officer of instruction in the New York University College of Dentistry.
3. The Staff member shall agree to contribute such time to the work of Medical Center in teaching, clinical research, patient care, or participation on Medical Board Committees, as may be required by the Director or Chief of Service.
4. No applicant shall be denied Staff membership and/or practice privileges on the basis of sex, creed, religion, race or national origin. Fitness of a candidate shall be judged solely on the basis of professional academic qualifications, training and physical and mental competency.
5. These qualifications shall apply to all reappointments and promotions.
6. Practitioners acting on behalf of outside Federal or State designated organ procurement organizations engaged solely at the Medical Center for the harvesting of tissues and/or other body parts from dead patients for transplantation, therapy, research or educational purposes pursuant to the Federal Anatomical Gift Act and/or parallel New York State statute or regulations (currently Section 405.25) shall be exempt from the requirement to obtain staff privileges.

Section B. Conditions and Duration of Appointment

1. Appointments to the Medical and Dental Staff shall be made in accordance with the Bylaws of the NYU Hospitals Center and approved by the Board of Trustees upon recommendation of the Executive Committee of the Medical Board. All initial appointments are provisional and for the period of one year. Upon satisfactory completion of this probation, all subsequent appointments will be made in conjunction with the departmental two-year appointment cycle.
2. Appointment to the Medical and Dental Staff shall confer on the appointee only such privileges as may hereinafter be provided.
3. Application for membership on the Medical and Dental Staff shall constitute the staff member's agreement to abide strictly by the Principles of Medical Ethics of the American

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Medical Association or by the Code of Ethics of the American Dental Association, whichever is applicable and by the NYU Medical Center Service Standards. The ethical codes and NYU Medical Center Service Standards are by reference made a part of these Bylaws.

4. All appointments, reappointments and promotions to the Medical and Dental Staff will be contingent on the physician signing, in writing, an agreement to abide by the Bylaws and Rules and Regulations of the Medical and Dental Staff of the Medical Center and certifying his/her mental and physical competency.
5. Any practitioner who suffers a physical or mental illness or undergoes a procedure, which may impair his/her clinical ability, must promptly notify his/her Director of Service. At any time, the Director of Service or the Chief Medical Officer may require any practitioner to submit to a physical and/or mental examination by a physician or physicians acceptable to the Director of Service for the purpose of determining if the practitioner is free from health impairments which pose potential risk to patients or personnel or which may interfere with the performance of clinical duties. This may be in addition to the submitted medical history and physical examination required for appointment and/or annual assessment. Failure to undergo such examination when requested shall be grounds for immediate suspension of clinical privileges and in the case of salaried practitioner's removal from payroll until the examination occurs and the results are evaluated.
6. In order to obtain membership on the Medical Staff or be granted clinical privilege, applicants must: document their commitment to abide by, the Bylaws, Rules and regulations, and Policies of the Medical Staff and of the Hospital, including policies regarding conflict of interest, as well as the privacy, confidentiality, and security of protected health information as outlined in the NYU Medical Center Information Security and Confidentiality Guidelines. These guidelines address the Hospital's expectations of the Medical Staff with regard to the access, use, disclosure, and disposal of patient information in either oral, written or electronic form.
7. All appointments and reappointments will be contingent on the Medical, Dental or Allied Staff member obtaining an NYU Medical Center e-mail address and the agreement to read messages from the Hospital received at such address regularly. Notice by e-mail constitutes notice for all purposes herein, unless another form of delivery is specified.

Article IV. Categories of the Hospital Staff

Section A. Medical and Dental Staff

Part 1. The Attending Staff

- a. The Attending Staff shall be composed of duly licensed physicians, privileged to attend to and consult on patients in the Medical Center, and duly licensed dentists, members of the Dental Staff of the Surgical Service, privileged to attend to and consult on patients in the Medical Center. Dental Staff appointments will be within the Division of Plastic Surgery of the Surgical Service.
- b. The designations of rank within the Attending Staff shall be Active Attending and Assistant in (Service).

Assistants in (Service) shall consist of practitioners who have specific patient care responsibilities, but are not given the privilege of admitting patients under their direct care.

For Assistants in (Service) who are simultaneously engaged in any House Staff training program, their appointment must be recommended for a specific purpose by both the Director of Service and Chief Medical Officer. Their appointment will automatically expire on the completion date of training.

- c. Physicians and Dentist members of the Attending Staff may have privileges to admit patients to the Medical Center. All privileges for admitting must be so specified at the time of appointment.
- d. Dentist members of the Attending Staff shall be responsible for the admission, management and discharge of dental patients, including all related written documentation. An oral-maxillofacial surgeon with the requisite qualifications outlined in 10 NYCRR, Part 405.4(d)(2) may be granted the privilege of performing an admission history and physical examination to determine the patient's ability to undergo a proposed dental procedure. Dental patients with medical problems present upon admission or arising during hospitalization shall be referred to appropriate physician members of the Attending Staff for consultation and/or management.

Part 2. Courtesy Staff

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The Courtesy Staff shall consist of duly licensed physicians and dentists, who do not conduct the major portion of their hospital work at the Medical Center. Persons appointed to the Courtesy Staff shall be permitted to admit and provide consultation in the diagnosis and treatment of patients. Courtesy Staff members are not entitled to vote, or hold office. Courtesy Staff members shall not be required to attend Medical Staff or Department meetings.

Part 3. The Visiting Staff

The Visiting Staff shall consist of duly licensed physicians and duly licensed dentists. Visiting Staff members shall not be privileged to admit, attend to, or consult on patients in the Medical Center, and shall have no assigned duties or responsibilities. They shall support the Medical Center's programs of education in such manner as is deemed appropriate by the Director of Service. Any exception to this rule shall be a matter for action by the Executive Committee on the individual case as recommended by the Director of Service concerned. If it is determined that a physician has had no clinical activity during the previous two years, he/she may be placed in this category.

Part 4. Honorary Staff

Healthcare professionals who are no longer practicing their profession or no longer caring for hospitalized patients, but have served the Hospitals Center with distinction or who are not duly licensed but have exceptional qualifications as educators or investigators may be recommended by the Medical Board for appointment to the Honorary Staff. Physicians and Dentists on the Honorary Staff shall not be eligible to admit or treat any patients or supervise the care of any patients.

Section B. Other Hospital Staff

Part 1. House Staff

The House Staff (Residents and Clinical Fellows) shall consist of duly qualified physicians and dentists enrolled in an established training program at the Medical Center. Appointments shall require a recommendation of the Director of Service upon acceptance to an established program of graduate education set forth in Article V., Section B.

Part 2. Allied Health Professions

Members of allied health professions, also known as Allied Health Practitioners, appointed to the Medical and Dental staff may be appointed to the Medical Center Staff and receive titles appropriate to their qualifications and pursuant to their job descriptions.

Members of Allied Health Professions are listed as, but not limited to: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwives; Certified Registered Nurse Practitioners; Certified Physician Assistants; Evoked Potential Technicians; Clinical

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Psychologists; Mental Health Counselors; Orthotists/Prosthetists; and Podiatrists. Such individuals shall submit an application and supporting documentation equivalent to that required of applicants to the Medical and Dental Staff under Article V., Section A. Except as otherwise provided herein, the appointment, reappointment and termination of such members of the allied health professions shall be in accordance with Article V of these Bylaws. Each individual member shall submit his qualifications for review to the Director of Service concerned. If appointed, the Medical Board may grant such individual privileges to attend to or consult on patients in the Medical Center as are appropriate for the individual's special professional qualifications. Their services shall be performed only at the request of, and under the direct supervision of, a member of the Attending Staff who will be responsible for the patient and the patient's records in all respects. Allied Health Practitioners who are employees of the Hospital have the right to a Fair Hearing through the Human Resources department. Those Allied Health Practitioners, who are not employees of the Hospital, have the right to submit any grievances to the Credentials Committee, where they shall be heard and processed accordingly.

Part 3. Emergency Service Staff

- a. The Emergency Department Physician is a member of the Attending Staff who may only render ambulatory professional services in the Emergency Room.
- b. The Director of the Emergency Department (ED) or his/her designee(s) has the privilege to admit a patient to the service that he/she deems appropriate in the following situations: (1) if there is a dispute between services as to which is the appropriate service to take care of the patient, and/or (2) if a private Attending and/or the on-call attending disagrees with the ED Director's decision that a patient requires admission, and the Private Attending and/or the on-call Attending has refused or failed to come to the ED to write a discharge note with an appropriate follow-up plan within eight hours of the patient's initial presentation to the emergency room. The ED Director, or designee, will admit the patient, and notify the appropriate Director of Service or his/her designee of the admission. The Director of Service as well as the ED Director will review and evaluate the ED Director's designated patient(s) requiring admission within 48 hours of admission. Emergency Department admissions will be reviewed for clinical appropriateness and medical necessity for admission and reported to the QA&I Committee on an annual basis.

The Director of Emergency Service shall be empowered to make temporary appointments to the Emergency Service by joint action with the Chief Medical Officer, subject to Article V of these Bylaws.

Article V. Procedure for Appointment and Reappointment

Section A. Application for Appointment

1. All applicants seeking appointments to the Medical and Dental Staff or Allied Health Staff shall submit in writing and sign:

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7. In the case of the Dental Staff, the same procedure shall be followed except that the Dean of the New York University College of Dentistry shall nominate applicants to the Director of Surgery.

Section B. Appointment Process

1. Within a reasonable time after receipt of the Departmental recommendation and the verified information, the Credentials Committee shall review all recommendations to assure that they are in keeping with the verified education, training, experience and, if applicable, demonstrated clinical competency, as well as the certified physical and mental competency of the candidate.
2. Upon completion of such review, the Credentials Committee shall record its recommendation on the Medical and Dental Staff or Allied Health Staff Appointment Review Form and send it to the Secretary of the Medical Board. This recommendation shall be one of the following: that the applicant be appointed with specification of clinical privilege level, not appointed for staff-membership, or that the application be deferred for further consideration. If the applicant is recommended for appointment, a letter of provisional appointment may be issued to the applicant subject to final approval of the Executive Committee of the Medical Board and Board of Trustees.
3. At the next regular meeting after receipt of the report and recommendations of the Credentials Committee, the Secretary shall present these to the Executive Committee, which shall review the candidate's qualifications and endorsements and recommend acceptance with clinical privilege level, non-acceptance or deferral.
4. When the recommendation of the Executive Committee is to defer the application for further consideration, it will be returned to the Director of Service concerned for further consideration, resubmission or withdrawal. If the application is to be resubmitted, it must be done within thirty (30) days.
5. When the recommendation of the Executive Committee is favorable to the practitioner, it shall be promptly forwarded to the Board of Trustees for action.
6. In the event that the Board of Trustees does not concur with the recommendation of the Executive Committee of the Medical Board, the application must be reviewed by the Chief Medical Officer and referred back to the Executive Committee of the Medical Board for further consideration and recommendation. The Board of Trustees will make the final determination as to clinical privileges.
7. All initial appointments granted by the Board of Trustees are for a period of one year. The initial appointment year shall be considered provisional. As such, the Director of Service shall appoint a reviewer for each new appointment who shall be responsible for evaluating the practitioner's work at the end of the year's period. Notwithstanding the foregoing, practitioners appointed in 2006, who had admitting privileges at the Hospital for Joint

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Diseases Orthopaedic Institute for not less than one year prior to such appointment, will be granted full privileges requiring reappointment after two years.

8. When the recommendation of the Executive Committee is adverse to the practitioner, either in respect to appointment or desired clinical privilege level, the Chief Medical Officer shall promptly so notify the practitioner by Certified Mail, Return Receipt Requested. The practitioner may appeal this decision as prescribed in the procedure outlined in Article VII of these Bylaws.
9. In the case of the House Staff, the same procedure shall be followed except that the Graduate Medical Education Committee of the NYU School of Medicine shall review all departmental recommendations and forward its recommendations directly to the Secretary of the Medical Board.

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Section D. Reappointment, Promotion and Non-Reappointment Process

1. Each Staff member, including Directors of Service, must be reappointed every two years. Initial reappointments shall be made in conjunction with the departmental two-year appointment cycle.
2. The Staff member shall initiate a Request for Reappointment and a Certification of Mental and Physical Competency through the Medical Staff Services Office. At the time such request for reappointment is submitted the staff member shall also submit to the Medical Staff Services Office a statement containing all information required to be obtained by the Medical Center under applicable Federal, State and local law, including but not limited to the information described in Article V., Section A., l., e., of these Bylaws. A Staff member desiring a change of clinical privileges must also file a Clinical Privilege Application and professional data supporting the request for additional privileges.
3. The Director of Service shall review all reappointment requests. The Chief Medical Officer shall review the reappointment requests for the Director of Service. In the case of reappointment of Director of Service, the Medical Board shall have discretion to appoint a committee to advise concerning reappointment. Consideration shall be given as to the practitioner's performance as evaluated by the standing committees of the Medical Board, and the Departmental Review Committee on Mental and Physical Competency, as well as to the information provided as required in Section D., 2., above, and also to the probation report of the practitioner's reviewer, if applicable.
4. The recommendation of the Directors of Service for practitioners in their departments or the Chief Medical Officer for Directors of Service, as well as information provided as required in Section D., 2., above, and any deficiency reports from the above-mentioned committees, and information requiring external validation shall be sent to the Credentials Committee of the Medical Board. The Credentials Committee shall review the information and recommend reappointment with no change in clinical privilege level, reappointment with a change in clinical privilege level, or no reappointment.
5. At the next regular meeting after receipt of the reported recommendations of the Credentials Committee, the Chairman of the Credentials Committee shall present these to the Executive Committee, which shall review the report and recommend reappointment with no change in clinical privilege level, reappointment with a change in clinical privilege level or no reappointment.

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6. Following approval by the Executive Committee, these recommendations shall be forwarded to the Board of Trustees for approval or disapproval and final action.
7. Upon final action, the Chief Medical Officer shall notify the practitioner concerned of the action taken.
8. In cases of non-reappointment or reduction in privileges, the practitioner shall be notified by certified mail, return receipt requested, and be entitled to an appeal as outlined in Article VII of these Bylaws.

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Article IX. Services

Section A. Services

1. The Staff shall be divided into Services as follows:

- a. Anesthesiology
- b. Cardiothoracic Surgery
- c. Dermatology
- d. Emergency Medicine
- e. Medicine
- f. Neurology
- g. Neurosurgery
- h. Obstetrics and Gynecology
- i. Ophthalmology
- j. Orthopaedic Surgery
- k. Otolaryngology
- l. Pathology
- m. Pediatrics
- n. Psychiatry
- o. Radiation Oncology
- p. Radiology
- q. Rehabilitation Medicine
- r. Surgery

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- s. Urology
- 2. Services and Divisions of Services may be organized or abolished from time to time by the Medical Board.
- 3. The Dental Staff shall be organized within the Division of Plastic Surgery of the Department of Surgery, with responsibility to the Director of Surgery.

Section B. Organization of Services

- 1. Each Service shall have as its head a Director, who shall be responsible to the Medical Board and the Chief Medical Officer for the organization and operation of that Service. Each Director of Service shall be certified by an appropriate specialty board or have affirmatively established comparable competence through the credentialing process and shall be responsible for the appointment, reappointment, recommendation of clinical privileges and discipline of members of the Medical Staff in his or her Service.
- 2. The Chairperson of the Academic Department within the School of Medicine shall serve as the Director of the respective Service, on recommendations of the Chief Medical Officer and Medical Board approved by the Board of Trustees.
- 3. Each Service shall also have a Chief of Service, who shall be appointed by the Director of Service in consultation with the Chief Medical Officer and responsible to the Medical Board and the Chief Medical Officer for the day to day organization and operation of that Service, and who shall have supervision and control over the quality of care provided to all patients on that Service, including:
 - a. Clinically related activities of the Service;
 - b. Administratively related activities of the Service unless otherwise provided by the Hospital;
 - c. Continuing surveillance of the professional performance of all individuals in the Service who have delineated clinical privileges;
 - d. Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the Service;
 - e. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization;
 - f. The integration of the Service into the primary functions of the organization;
 - g. The coordination and integration of interdepartmental and intradepartmental services;
 - h. The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
 - i. The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;

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- j. The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- k. The continuous assessment and improvement of the quality of care, treatment, and services;
- l. The maintenance of quality improvement programs, as appropriate;
- m. The orientation and continuing education of all persons in the department or service;
- n. Recommending space and other resources needed by the department or service;
- o. The optimum utilization of hospital resources and patient flow to reduce length of stay and reduce reimbursement denials;
- p. Ensuring that all service activities conform to applicable standards and regulations including those of NYSDOH, NYCDOH, JCAHO and CMS;
- q. Ensuring compliance with ACGME/RRC guidelines; and
- r. Providing service coverage to support emergency care and in the Emergency Department.

Section C. Functions of Services

- 1. Each Service shall establish its own criteria for the granting of clinical privileges.
- 2. In addition, each Service shall be responsible for assuring and continuously improving the quality and safety of patient care delivered by its members and shall establish a Quality Assurance and Improvement Committee that shall meet at least quarterly.
- 3. The criteria and procedures utilized in the delineation of privileges and the peer review activity shall be consistent with the policies and procedures of the Medical Board and Board of Trustees.
- 4. The Director of Service and the Service Chief shall serve at the pleasure of the Board of Trustees and upon termination the individual holding such position shall revert to his/her prior position, either as attending physician or the other position held prior to such appointment.
- 5. Directors of Service may recommend the employment of certified physician assistants with privileges as described in the Rules and Regulations

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Credentialing is the process of granting authorization by the governing body to practice within the organization and provide specific care and treatment. It is the process of obtaining, verifying and reviewing the education, training, licensure, certifications, experience, and competence of a licensed independent practitioner. The process also evaluates this information in order to authorize the individual to practice and to determine the scope of the practice. The true focus and purpose of credentialing are for the benefit of the patients!

Application Process:

- Director of Service (Chair) directs and authorizes release of application by Medical Staff Services (MSSO)
- An application package is sent to the practitioner by MSSO
- Application is inactivated if no response in 30 days

Complete Application:

- Application form signed and dated
- Delineation of Privileges form for the practitioner's specialty
- Physician Acknowledgement form (Federal HCFA requirement)
- Physical Exam form completed
- Names of two peer references
- Copies of following Documents:
CV (Curriculum Vitae)
- NYS License
- DEA Certificate
- Infection Control Certificate
- Certificate of Malpractice Insurance
- Board Certification
- Continuing Education Credits

Primary Source Verification

- National Practitioner Data Bank is queried (Federal requirement)
- OIG (Office of Inspector General) is queried (for any Medicare sanctions)
- All licenses are verified with the state
- All training and Board Certification is verified with the primary source
- Peer references are contacted and requested to complete an evaluation.
- All gaps in application/CV are confirmed and clarified in writing by the applicant
- A physician profile is obtained from the AMA (American Medical Assoc)

MSSO enters data into database and reviews for completeness. If information pending, physician is notified and is given 30 days to respond

NYU School of Medicine Faculty Appointment is confirmed

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Procedure for Complete Application:

Medical Staff Services Manager reviews application for completeness, and flags any adverse information.

Complete application is delivered to the Director of Service and appropriate Division Chief for review and recommendation

Manager assures all approvals and signatures are in place

Approval/Recommendation Procedure:

Credentials Committee reviews the file, and the Director of Services recommendation, recommends approval to the ECMB

Executive Committee of the Medical Board recommends approval to the Board of Trustees

Chief Medical Officer via the MSSO notifies the practitioner and applicable department and ancillary departments of approved appointment.

Note: If applicant is not approved, more documentation may be required of the applicant or

If application is denied, practitioner may appeal via the Fair Hearing Process.

Provisional Status:

All initial appointments are provisional for 12 months from date of appointment.

During provisional period, appointee will be evaluated for competence, general behavior and conduct by Department Director and relevant committees.

Medical Staff Services/dz